



Complete Form & Attach Receipt  
Fax to: 800.423.7610 or  
Email: info@special-lite.com

# BASIX™ DOOR

## Warranty Registration Form

This form registers your BasiX door product.  
Your sales receipt will extend the 2 Year Warranty from the date of purchase.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Purchase Information

BasiX™ Door Size Purchased (Please circle):      3068    3070    3670    4070

Store/Stocking Dealer Name: \_\_\_\_\_

Date of Purchase (attach receipt): \_\_\_\_\_

Purchase Price: \_\_\_\_\_

### Additional Offers

If you wish to receive offers or product updates via email, check here.

### Purchase Decision

How did you learn about this product? \_\_\_\_\_

RETURN WARRANTY REGISTRATION & PURCHASE RECEIPT BY EMAIL OR FAX TO 800.423.7610